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CONFIRMATION NO. 4163

Bib Data Sheet

SERIAL NUMBER 10/689,470	FILING DATE 10/20/2003 RULE	CLASS 166	GROUP ART UNIT 3672	ATTORNEY DOCKET NO. TH-1599 04 (US)
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/769,047 01/24/2001 ABN
 which claims benefit of 60/177,999 01/24/2000
 and claims benefit of 60/186,376 03/02/2000
 and claims benefit of 60/178,000 01/24/2000
 and claims benefit of 60/186,380 03/02/2000
 and claims benefit of 60/186,505 03/02/2000
 and claims benefit of 60/178,001 01/24/2000
 and claims benefit of 60/177,883 01/24/2000
 and claims benefit of 60/177,998 01/24/2000
 and claims benefit of 60/177,997 01/24/2000
 and claims benefit of 60/181,322 02/09/2000
 and claims benefit of 60/186,504 03/02/2000
 and claims benefit of 60/186,379 03/02/2000
 and claims benefit of 60/186,394 03/02/2000
 and claims benefit of 60/186,382 03/02/2000
 and claims benefit of 60/186,503 03/02/2000
 and claims benefit of 60/186,527 03/02/2000
 and claims benefit of 60/186,393 03/02/2000
 and claims benefit of 60/186,531 03/02/2000
 and claims benefit of 60/186,377 03/02/2000
 and claims benefit of 60/186,381 03/02/2000
 and claims benefit of 60/186,378 03/02/2000

yes

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/17/2004

Foreign Priority claimed

☐ yes ☒ no

35 USC 119 (a-d) conditions


☐ yes ☒ no ☐ Met after

STATE OR

SHEETS

TOTAL

INDEPENDENT

met Verified and Acknowledged	 Examiner's Signature	Initials DS	COUNTRY TX	DRAWING 18	CLAIMS 11	CLAIMS 1
ADDRESS Del S. Christensen Shell Oil Company Legal - Intellectual Property P.O. Box 2463 Houston , TX 77252-2463						
TITLE Toroidal choke inductor for wireless communication and control						
FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		